



**City of Laredo  
Tax Department**

**ALARM SYSTEM PERMIT APPLICATION**

For Office Use Only:  
Permit # \_\_\_\_\_

City Ordinance # 2001-O-050 requires all alarm systems to be registered with the City of Laredo. A non-refundable fee per year is required by this ordinance. Please note that the alarm permit can not be transferred to another person or location. It is the permit holder's responsibility to post the permit and to renew before the expiration date. For more information, a complete copy of the city ordinance will be available upon request.

**PLEASE PRINT**

1. Name of Owner, Resident or Business: \_\_\_\_\_  
➤ If registering a business please list a contact Person: \_\_\_\_\_
2. Location Address: \_\_\_\_\_ Zip Code \_\_\_\_\_
3. Mailing Address: \_\_\_\_\_ Zip Code \_\_\_\_\_
4. Business Phone: \_\_\_\_\_ Home Phone \_\_\_\_\_
5. Employer's Name: \_\_\_\_\_ Phone: \_\_\_\_\_
6. Is any one at this location 65 of age or over: Yes\_\_ No \_\_ If yes, then customer will be exempt of fees.  
Please send a copy of a photo ID that shows proof of age along with application.  
**(\*\*\*Exemption for Over 65 applies only on your homestead and it does not apply to commercials.\*\*\*)**
7. Alarm Company: \_\_\_\_\_ Phone: \_\_\_\_\_
8. New Account \_\_\_\_\_ or Renew Account \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
9. Type of Permit: (Check One) Residential \_\_\_\_\_ Commercial \_\_\_\_\_
10. Type of Alarm System Installed: **A.** Burglary Alarm System(no panic buttons activated) \$15.00 \_\_\_\_\_  
**B.** Panic/ Fire / 911 / Medical Alert Systems \$30.00 \_\_\_\_\_

ID or  
Driver  
Lic #:

D.O.B.

**\*\*\* Please send Alarm Payment with application to:\*\*\***

**The City Of Laredo- Tax Department  
P.O. Box 6548 / 1110 Houston  
Laredo, Texas 78042-6548  
956-791-7414**

**DESIGNATED PEOPLE TO NOTIFY IF ALARM ACTIVATED**

1. Name: \_\_\_\_\_ Title/Relation \_\_\_\_\_  
Address: \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_
2. Name: \_\_\_\_\_ Title/Relation \_\_\_\_\_  
Address: \_\_\_\_\_ Phone(H) \_\_\_\_\_ (W) \_\_\_\_\_
3. Name: \_\_\_\_\_ Title/Relation \_\_\_\_\_  
Address: \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

**Note: This is an  
annual fee.**

Signature \_\_\_\_\_

I acknowledge that if the Police or Fire Department reports false calls, the City Of Laredo- Tax Department will change my account to assess actual Permit and annual fees based on type of Alarm System Installed. Please initial \_\_\_\_\_.

**\*\*Please notify Tax Department in writing of any changes.\*\***

Form 2004

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